

IN SCHOOL DEFERMENT / LETTER REQUEST

PLEASE PRINT

Name: _____ Date: _____

Address: _____ Student or SSN# _____

City: _____ State: _____ Zip: _____ Phone # _____

*Signature: _____

INDICATE THE TYPE OF INFORMATION NEEDED:

____ Check here for complete Enrollment History (This will show ALL terms attended)

____ Check here for a Specific Term(s) Please list each term you wish reported: _____

____ Check here for Degree Verification (This will show UMSL degree(s) and date received)
(Please Note: Degrees awarded for the current term will be posted 6 weeks after commencement)

ENROLLMENT INFORMATION:

List Anticipated Date of Graduation (Month & Year) _____

COMPLETE THIS SECTION FOR INSURANCE VERIFICATION: (IF APPLICABLE)

Member Name (Individual you are covered under): _____

Employer (Where the individual is employed): _____

Policy/Group/Member Number: _____

LIST COMPLETE ADDRESS TO WHERE VERIFICATION IS TO BE SENT:

Company Name: _____

Attention: _____

Address: _____

City/State/Zip: _____

Or

____ Pick Up (*Please allow up to 72 hours*)

Please Note: Official and Unofficial letters bear the signature of the certifying official along with the University Seal. Official letters are mailed by the University. Unofficial letters with the signature of the certifying official and University Seal with be stamped "Issued to Student."

***** Please Allow Up to 72 Hours for Processing *****